

Minutes of the **Medicines Programme Board** held via Microsoft Teams, on
Wednesday, 26th July 2023.

| | | |
|------------|-----------------------------|--|
| Present: | Dr Andrew Tresidder (AT) | Chair, NHS Somerset GP Patient Safety Lead |
| | Sarah Ashe (SA) | Associate Director of Safeguarding (On behalf of Bernice Cooke), NHS Somerset |
| | Dr Orla Dunn (OD) | Consultant in Public Health, Somerset County Council |
| | Dr David Davies (DD) | West Somerset Representative |
| | John Digman (JD) | South Somerset West Representative |
| | Esther Kubiak (EK) | Medicines Manager, NHS Somerset |
| | Sam Morris (SM) | Medicines Manager, NHS Somerset |
| | Lucy Murrell (LM) | General Practice Nurse Strategic Lead |
| | Lee Reed (LR) | Equality, Diversity and Inclusion Lead, NHS Somerset |
| | Emma Russell (ER) | CLIC Representative |
| | Dr Val Sprague (VS) | Bridgwater Representative |
| | Zoe Talbot-White (ZTW) | Prescribing Technician, NHS Somerset |
| | Mihaela Tirnoveanu (MT) | Taunton Representative |
| | Fivos Valagiannopoulos (FV) | LPC Representative |
| | Emma Waller (EW) | Yeovil Representative |
| | Dr Tom While (TW) | Mendip Representative |
| | Antony Zorzi (AZ) | Associate Director of Pharmacy (On behalf of Andrew Prowse), SFT |
| Apologies: | Hels Bennett (HB) | Medicines Manager, NHS Somerset |
| | Peter Berman (PB) | Lay Representative |
| | Bernice Cooke (BC) | Deputy Director Nursing and Inclusion Patient Safety Specialist, NHS Somerset |
| | Mark Dayer (MD) | Consultant Cardiologist, SFT |
| | Shaun Green (SG) | Deputy Director of Clinical Effectiveness and Medicines Management, NHS Somerset |
| | Dr James Nicholls (JN) | West Mendip Representative |
| | Laura Picton (LP) | Community Pharmacy Clinical Lead, NHS Somerset |
| | Andrew Prowse (AP) | Director of Pharmacy, SFT |
| | Dr Rob Tippin (RT) | LMC Representative |

1 APOLOGIES AND INTRODUCTIONS

AT welcomed everyone to the Medicines Programme Board.

The following guests were introduced:

Dr Orla Dunn - Consultant in Public Health, Somerset County Council

Lucy Murrell - General Practice Nurse Strategic Lead

Lee Reed - Equality, Diversity and Inclusion Lead, NHS Somerset

Apologies were provided as above.

2 REGISTER OF MEMBERS' INTERESTS

- 2.1 The Medicines Programme Board received the Register of Members' Interests relevant to its membership.

The Medicines Programme Board noted the Register of Members' Interests.

3 DECLARATIONS OF INTEREST RELATING TO ITEMS ON THE AGENDA

- 3.1 Under the NHS Somerset's arrangements for managing conflicts of interest, any member making a declaration of interest is able to participate in the discussion of the particular agenda item concerned, where appropriate, but is excluded from the decision-making and voting process if a vote is required. In these circumstances, there must be confirmation that the meeting remains quorate in order for voting to proceed. If a conflict of interest is declared by the Chairman, the agenda item in question would be chaired by a nominated member of the Medicines Programme Board.

There were no declarations of interest relating to items on the agenda.

4 MINUTES OF THE MEETING HELD ON 21st June 2023

- 4.1 The Minutes of the meeting held on 21st June were agreed as a correct record.

4.2 Review of action points

Most items were either complete or, on the agenda. The following points were specifically noted:

Action 1 - Pharmacy contract changes and requirements: This process will take until September. NHSE are processing the information and the LPC are mapping it. There will be a lag in this info. National issue not just in Somerset.

Action 5 – Sodium valproate: Letter has been sent to GPs. Will be reliant on GPs referring patients.

5 Matters Arising

- 5.1 Homeless and Rough Sleeper Nursing Service for Somerset

LR gave a presentation on the Homeless and Rough Sleeper Nursing Service for Somerset:

- Cover four districts (Mendip, Sedgemoor, Taunton West and Yeovil South). The team currently consists of GPs, nurses, mental health nurses, mental health peer workers and is growing. They will soon be taking referrals.
- They work with homeless patients as well as patients with no fixed abode and traveller sites. Looking into covering the migrant population too.
- The nurses on the team carry out a co-ordinating role to help get the patient the help they need from the correct service.
- The team also work to help get patients registered with a GP.
- The outreach team have reduced interventions as below:

| Speciality | Pre-Team | Post-Team |
|------------------------------|----------|-----------|
| District Nursing Team | 448 | 11 |
| Mental Illness | 2915 | 1475 |
| Nursing Episode | 1094 | 5 |
| Tissue Viability & Leg Ulcer | 40 | 20 |
| Trauma and Orthopaedics | 92 | 4 |

- Amputations have dropped to zero in the homeless since the start of this service.
- The team won a parliamentary award for equalities.

MPB praised the team and Lee for all their wonderful work of and the associated positive benefits this service is providing for some of the more vulnerable patients in Somerset.

5.2 GP Nurse role in long-term conditions

Lucy Murrell gave an overview of her role and the future of nurses in GP practices:

- 6/7 ICB's in the SW region have recruited into a General Practice Nurses (GPN) strategic need role.
- Key outcomes:
 - Ensure GPN workforce has a voice in the Somerset ICB that enables contribution to development of policy, program, and resilience.
 - Improving GPN leadership and autonomy within PCN's for better patient outcomes.
 - Ensure the enhanced GPN is a recognised role in the expert management of long-term conditions.
- Working closely with the LMC to review long-term condition management and the role of the general practice nurse in this space.
- Management of long-term conditions in PC is becoming more nurse led. There is a huge variety of knowledge, experience, and level of interest.
- Guided pathways and toolkits are being developed for the GPN's to use for referrals.

- Proposing practice forums with respiratory, diabetes and CVD leads to support training, education development and offer scaled down advice and guidance services when needed.
- Enable secondary care colleagues to highlight any common themes that they see in outpatient clinics or as acute presentations to the GPNs. With GPNs able to do the same for secondary care.
- The delivery model encourages a joined-up approach to support diagnostic testing, build resilience, improve patient care and offer training, education and support to those managing patients with increasingly complex long-term conditions.
- Current priorities are diabetes and respiratory.
- Growing team with encouragement for more nurses to complete independent prescriber training.
- Everyone should be able to see the benefits of this over time.

MPB thanked LM for attending and look forward to working with her and the team in the future.

6 Other Issues for Discussion

6.1 Dronedarone Shared Care Protocol

- This is not a new SCP – the current Dronedarone SCP has been reviewed and updated using the national dronedarone SCP published July 2022.
- No changes to monitoring requirements.
- Most significant update is the addition of a table to support the management of adverse effects and test results by primary care.

MPB approved.

Add to website.

Action: HB

7 Other Issues for Noting

7.1 Advice for patients stopping GLP-1 medications and other diabetes updates

-Leaflet

-NHS Type 2 Diabetes Path to Remission Programme

-Leaflet healthy living support for people living with or at risk of type 2 diabetes

Resources for practices to use and share with patients.

MPB commented on the huge workload involved with this. Practices need to ask prescription teams to be vigilant with patients that may be stock piling.

-Noted

7.2 All Wales Paediatric Asthma Management & Prescribing Guideline

Steve Moore reviewed the guidelines and noted these points:

1. The choice of recommended inhalers is often at odds with ours. They do not consider cost effective (and similarly licensed) inhalers such as Soprobeq or budesonide Easyhaler. They also have Flutiform as an option which we avoid on environmental grounds, where we would offer Combisal or Avenor.

2. They suggest considering switching from MDI to DPI from the age of six in patients with well controlled asthma already on maintenance therapy [“switch from six”], and according to patient technique and preference. Ensure adequate resources are available to deliver inhaler technique training. Review response to any change of therapy within 3 months.

This is their reasoning for point 2, which I think we could adopt:

Increasing the number of children on DPI is one primary aim of this pathway.

Consideration should be made in children aged 6 years and over to start on DPIs.

- There are advantages to the patient in terms of ease-of-use if they can use a DPI effectively. As in older children and adults, children aged 6-12 years may have a preference to use DPI over MDI and spacer given the convenience.
- Evidence suggests that 86% of 5-12-year olds and 98% of children aged >8 years can use a DPI Turbohaler effectively.
- Some DPIs are licensed from age 6 years (some even earlier). Restricting DPIs in this age group restricts licensed medication choices.
- A high proportion of DPIs are used in children in countries where asthma outcomes are better than the UK.
- There is an environmental benefit.

3. The recommendations are largely in line with SIGN/BTS guidelines

-Noted

7.3 Interface - Blood glucose testing project

The ICB is actively working with a company called interface to provide additional support to practices on selected medicines optimisation workstreams.

- 1) Rationalisation of blood glucose test strips to fit the new national recommendations.
- 2) Review and optimisation of SIPs feeds to cost effective formulary choices.

Practices find the constant changes and discontinuation of test strips and meters frustrating due to the added workload. Request that practices try to use the opportunity to switch to a cost effective test strip or stop prescribing if no longer appropriate.

-Noted

8 Additional Communications for Noting

8.1 Anaemia, iron deficiency | BNF | NICE – Email from SG – 21/06/23

-Noted

8.2 Dapagliflozin for symptomatic heart failure with preserved or mildly reduced ejection fraction in adults – Email from SG – 21/06/23

-Noted

8.3 Trurapi insulin aspart approval and Novorapid switch to Trurapi – Email from SG – 27/06/23

-Noted

- 8.4 Deprescribing SMRs - Medication, falls and fractures – Email from SG – 30/06/23
-Noted
- 8.5 143 Potential DOAC GI Bleed patients Hb<9 – Email from SG – 04/07/23
-Noted
- 8.6 GLP-1 shortage - patients fulfilling NICE criteria search – Email from SG – 05/07/23
-Noted
- 8.7 High fluoride toothpaste for head and neck cancer patients – Email from SG – 21/06/23
-Noted
- 8.8 Empagliflozin resources GLP1 shortages – Email from SG – 06/07/23
-Noted
- 8.9 Codeine use in Children - safety risk - 51 children prescribed codeine in last 3 months in Somerset – Email from SG – 07/07/23
-Noted
- 8.10 Letrozole supply issues – Email from SG – 11/07/23
-Noted
- 8.11 £700k annual saving famotidine/nizatidine to esomeprazole/pantoprazole switch – Email from SG – 17/07/23
-Noted
- 8.12 GLP1 queries – Email from SG – 21/07/23
-Noted

9 Formulary Applications

- 9.1 Pliaglis 70mg/g + 70mg/g cream, lidocaine & tetracaine, Croma Pharma UK
15g = £21.25
Indicated in adults to produce local dermal anaesthesia on intact skin prior to dermatological procedures.
Proposal non-formulary for beauty/ tattoo treatments.
MPB agreed.
Add to TLS 'Not recommended'. **Action: ZTW**
- 9.2 Bibecfo 100/6 & 200/6 micrograms per actuation pressurised inhalation solution, beclometasone dipropionate & formoterol fumarate dihydrate, Cipla EU Ltd
Both strengths, 120 dose = £13.98
Proposal add to formulary.
MPB agreed.
Add to formulary. **Action: EK**

- Add to Venn diagram. **Action: Caroline Taylor**
- 9.3 Dimaz 20mg/ml, Dorzolamide PF, Scope Ophthalmics
5ml = £6.98
Cost effective brand.
Proposal to add to formulary.
MPB agreed.
Add to formulary. **Action: EK**
- 9.4 Codimaz 20mg/ml & 5mg/ml, Dorzolamide & Timolol PF, Scope Ophthalmics
5ml = £8.03
Cost effective brand.
Proposal to add to formulary.
MPB agreed.
Add to formulary. **Action: EK**
- 9.5 GoResp Digihaler, Budesonide/ Formoterol dry powder inhaler (Teva UK Ltd)
160micrograms/dose / 4.5micrograms/dose
320 micrograms/dose / 9micrograms/dose
Both strengths 1 x 180 dose = £75.63
Proposal 'Not recommended' due to high cost.
MPB agreed.
Add to TLS 'Not Recommended'. **Action: ZTW**
- 9.6 Opzelura 15 mg/g cream, Ruxolitinib (Incyte)
Indicated for the treatment of non-segmental vitiligo with facial involvement in adults and adolescents from 12 years of age.
Propose holding position of 'Not Recommended' until NICE TAG published in 2024
MPB agreed.
Add to TLS 'Not Recommended'. **Action: ZTW**
- 10 Reports From Other Meetings**
- 10.1 Primary Care Network Feedback**
- VS- A locum working for the local mental health team has been requesting patients are switched from tablets to liquids to allow for titration. The liquids are very expensive.
Send SM the details. **Action: VS**
- With the upcoming changes to community pharmacy, Harry Smallwood (PCN director) is organising for all the managers of the local pharmacies to attend and meet.
- MT – Due to the medication shortages and out of stocks, it has been noticed that a few pharmacies have claimed for a prescription when not dispensed.
Send details to the LPC and update at September meeting. **Action: MT**
- Letrozole not available. No current guidance for switching patients without a breast consultation.
Send Letrozole queries to SM. **Action: MT**

JD – SGLT-2 switch is proving difficult and taking a lot of time and resources. There is a shortage of Zapain tablets, Emcozin seems to be available and cheaper.

MM team to look at and consider updating formulary choice. **Action: SM**

ER – Many unhappy patients with concerns to the GLPs. Practice added advice to the website and the practice nurse had three days of dedicated clinics, which has reduced the workload.

If allowed, share website link with MPB members. **Action: ER**

EW – Patient safety issue spotted while carrying out care home medication reviews: patients given a zoledronic infusion at the hospital and not added to records correctly. Any time a patient is given medication in a health care setting it should be recorded on EMIS. When adding to the records enter as hospital only and add 'Hospital Only' to the instructions to prevent possible errors.

Summary

10.2 **LPC Report**

FV gave an update of the many changes happening in community pharmacy within Somerset. There are upcoming closures, changes in ownership and opening hours. Currently most opening hours still match the local GP practices.

With all the changes in community pharmacy batch medication is causing problems. Find out possible solution and share. **Action: FV**

Community pharmacies won't be keeping stock of Paxlovid, they will only order as and when it is required.

10.3 **LMC Report**

Nothing to report

10.4 Somerset NHS Foundation Trust D&TC Meeting – Next meeting 13/09/23

10.5 Somerset NHS Foundation Trust Mental Health Medicines Group – Next meeting 5/09/23

10.6 Somerset NHS Foundation Trust Medicines Governance Committee – Next meeting TBC

10.7 South West Medication Safety Officer Network Meeting – Next meeting TBC

10.8 Regional Medicines Optimisation Committee South West – Last meeting 21/06/23
-Noted

Pass on additional presentations when they become available. **Action: AT**

Part 2 – Items for Information or Noting

11 **Current Performance**

11.1 High-cost drug budget exception reporting
Nothing to note

11.2 April Green Scorecard Trend
-Noted

- 11.3 April Scorecard Trend
-Noted
- 12 Rebate Schemes**
- 12.1 None this month
- 13 NICE Technology Appraisals**
- 13.1 [TA906] Rimegepant for preventing migraine
Is commissioned by integrated care boards. Providers are NHS hospital trusts or primary care practitioners, possibly with specialist involvement through shared care agreements or advice and guidance.
Positive appraisal.
Proposal Amber drug, shared care without shared care protocol.
MPB agreed.
Add to TLS 'Amber'. **Action: ZTW**
Add to formulary. **Action: EK**
- 13.2 [TA907] Deucravacitinib for treating moderate to severe plaque psoriasis
This technology is commissioned by integrated care boards. Providers are NHS hospital trusts.
Positive appraisal
Proposal Red drug.
MPB agreed.
Add to TLS 'Red'. **Action: ZTW**
- 13.3 [TA908] Olaparib for maintenance treatment of relapsed, platinum-sensitive ovarian, fallopian tube or peritoneal cancer after 2 or more courses of platinum-based chemotherapy
This technology is commissioned by NHS England. Providers are NHS hospital trusts.
Positive appraisal
Proposal Red drug.
MPB agreed.
Add to TLS 'Red'. **Action: ZTW**
- 13.4 [TA909] Lorlatinib for untreated ALK-positive advanced non-small-cell lung cancer
Not Recommended by NICE.
-Noted
Add to TLS 'Not Recommended'. **Action: ZTW**
- 13.5 [TA910] Semaglutide for managing overweight and obesity in young people aged 12 to 17 years
NICE Terminated Appraisal
-Noted
Add to TLS 'Not Recommended'. **Action: ZTW**
- 14 NICE Clinical Guidance**
- 14.1 Update - [NG83] Oesophago-gastric cancer: assessment and management in adults
-Noted

15 Medicines Safety Summary

- South-West Medication Safety Officer Network circulation 07/07/23
- NHSE
 - Abbott FreeStyle LibreLink app
- NPSA
 - Recall of Emerade 500 micrograms and Emerade 300 micrograms auto-injectors, due to the potential for device failure.
 - Shortage of GLP-1 receptor agonists
- MHRA
 - Calcium chloride, calcium gluconate: potential risk of underdosing with calcium gluconate in severe hyperkalaemia
 - Non-steroidal anti-inflammatory drugs (NSAIDs): potential risks following prolonged use after 20 weeks of pregnancy
 - Adrenaline auto-injectors (AAs): new guidance and resources for safe use
 - Hyoscine hydrobromide patches (Scopoderm 1.5mg Patch or Scopoderm TTS Patch): risk of anticholinergic side effects, including hyperthermia
- NIHR
 - How to tackle vaccine misinformation: what works and what doesn't?
- Prevention of future death reports
- SPS Shortages & Discontinuation

MPB noted all the above.

16 Risk Review and Management

Nothing to note

17 Any Other Business

17.1

Problems with online pharmacies

- Not delivering on time and bouncing patients back to GP for interim supply.
- Losing controlled drugs.
- Creating extra workload.
- Hard to contact when issues arise.

LPC unable to do anything as only regulate pharmacies in geographical area of Somerset.

Patients have a right to choose where their prescriptions are dispensed. Building stronger links between GP practices and local community pharmacy could help encourage patients to use local pharmacies instead.

Contact NHSE hub and / or GPhC to report issues.

Action: VS

Report as a Datix issue.

Action: VS

MPB encourage other practices with similar issues to report in the same way.

17.2

Request for PCN representative attendance at SIMO

EW would like some more information on SIMO meetings.

Send more information to EW.

Action: SM

17.3

Decolonisation therapy via pre op clinic requests

There have been instances when a practice has not received the letter requesting decolonisation therapy early enough to prescribe the course for the patient. Any

instance of a patient missing decolonisation therapy due to a late request should be recorded on DATIX.

There is no prescriber in the POAC team so normally if there is a short space of time between patient attending POAC and the operation, POAC will supply the treatment, when there is a suitable amount of time between the GP will be asked to supply.

17.4 Guanfacine shared care / atomoxetine shortage

No new patients initiated on atomoxetine due to shortage. Trust will explore drug holidays. Private providers need to support their patients.

Guanfacine approved as 'Amber' subject to updated shared care protocol, which will be reviewed at the September meeting or virtually prior to the meeting depending on when it is ready.

Share Guanfacine shared care protocol with MPB when available.

Action: SM

17.5 CVD secondary prevention

OD – Patients currently have the choice of using the community pharmacy hypertension case-finding advanced service or loaning a blood pressure monitor from the library. Around 500 Hypertension checks are being done each month by 40 pharmacies. Looking for a way to boost activity of the community pharmacy service. It is a difficult time for community pharmacy and non-essential services may not be a priority.

Discuss possible re-launch of hypertension service in community pharmacy.

Action: OD & FV

DATE OF NEXT MEETINGS

27th September 2023 (SIMO following)

25th October

29th November 2023 (SIMO following)